

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

JOE KAUFMAN FOR CONGRESS

ADDRESS (number and street)

2645 EXECUTIVE PARK DRIVE STE 512



Check if different than previously reported. (ACC)

WESTON

FL

33331

2. FEC IDENTIFICATION NUMBER ▼

C

C00501205

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

FL

20

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2013

through

M M / D D / Y Y Y Y

03 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOE KAUFMAN

Signature of Treasurer JOE KAUFMAN

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01 / 14 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

JOE KAUFMAN FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	15024.87	24239.82
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	15024.87	24239.82
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	13940.61	25573.48
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	13940.61	25573.48
8. Cash on Hand at Close of Reporting Period (from Line 27).....	18485.59	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	68616.60	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 25

Write or Type Committee Name

JOE KAUFMAN FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	3

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

2875.00

4075.00

(ii) Unitemized

12149.87

20164.82

(iii) TOTAL of contributions from individuals ▶

15024.87

24239.82

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

15024.87

24239.82

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

15024.87

24239.82

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 25

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13940.61	25573.48
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	3800.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	3800.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	13940.61	29373.48

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	17401.33
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15024.87
25. SUBTOTAL (add Line 23 and Line 24).....	32426.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13940.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	18485.59

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 25

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Sidney Dinerstein

Mailing Address 15 St. George Place

City

Palm Beach

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Entrepreneur

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2013

Transaction ID : SA11AI.28042

Amount of Each Receipt this Period

1000.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

GLADYS E. DOANE

Mailing Address 3 BROADVIEW

City

KIRKSVILLE

State

MO

Zip Code

63501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairland Cemetery, Inc.

Occupation

Reg. Agent

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2013

Transaction ID : SA11AI.28142

Amount of Each Receipt this Period

300.00

Campaign Contribution

Full Name (Last, First, Middle Initial)

MR GERMANO J HASSLOCHER

Mailing Address 219 LABURNUM DR

City

SAN ANTONIO

State

TX

Zip Code

78209

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

RESTAURANTER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2013

Transaction ID : SA11AI.28193

Amount of Each Receipt this Period

200.00

Campaign Contribution

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 25

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) MISS EDITH P PALMER			Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2013	
Mailing Address 282 LAROE RD			Transaction ID : SA11AI.28327	
City	State	Zip Code	Amount of Each Receipt this Period 250.00	
CHESTER	NY	10918	Campaign Contribution	
FEC ID number of contributing federal political committee.		C		
Name of Employer NONE		Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
B. Full Name (Last, First, Middle Initial) MR ROY Hampton PARK			Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2013	
Mailing Address 1 HAMPTON HILL LN			Transaction ID : SA11AI.28329	
City	State	Zip Code	Amount of Each Receipt this Period 250.00	
ITHACA	NY	14850	Campaign Contribution	
FEC ID number of contributing federal political committee.		C		
Name of Employer NONE		Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
C. Full Name (Last, First, Middle Initial) MRS ROBERTA PATTON			Date of Receipt M M / D D / Y Y Y Y 01 / 22 / 2013	
Mailing Address 3509 CHICKADEE LN			Transaction ID : SA11AI.28333	
City	State	Zip Code	Amount of Each Receipt this Period 375.00	
ENID	OK	73703	Campaign Contribution	
FEC ID number of contributing federal political committee.		C		
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 375.00		
SUBTOTAL of Receipts This Page (optional).....			875.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) MR RAYMOND G TOBIN			Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2013	
Mailing Address PO BOX 710218			Transaction ID : SA11AI.28426	
City	State	Zip Code	Amount of Each Receipt this Period 200.00	
SAN DIEGO	CA	92171	Campaign Contribution	
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 600.00	
Name of Employer RETIRED		Occupation RETIRED	Election Cycle-to-Date 600.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
B. Full Name (Last, First, Middle Initial) Town of Davie, FL			Date of Receipt M M / D D / Y Y Y Y 02 / 01 / 2013	
Mailing Address 6591 Orange Drive			Transaction ID : SA11AI.28049	
City	State	Zip Code	Amount of Each Receipt this Period 300.00	
Davie	FL	33314	Refund Campaign Signage	
FEC ID number of contributing federal political committee.		C	Election Cycle-to-Date 300.00	
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
C. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y	
Mailing Address				
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.		C	Election Cycle-to-Date	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
SUBTOTAL of Receipts This Page (optional).....			500.00	
TOTAL This Period (last page this line number only).....			2875.00	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CENTURY DATA MAILING SERVICEMailing Address 1155 15th St NW
SUITE 410

City Washington State DC Zip Code 20005

Purpose of Disbursement
Direct Mail Program:Postage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		04		2013

Amount of Each Disbursement this Period

5253.98

Transaction ID : SB17.28480

B. CENTURY DATA MAILING SERVICEMailing Address 1155 15th St NW
SUITE 410

City Washington State DC Zip Code 20005

Purpose of Disbursement
Direct Mail Program:Postage

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2013

Amount of Each Disbursement this Period

4416.75

Transaction ID : SB17.28482

C. DIRECT MAIL PROCESSORS, INC.

Mailing Address 1150 CONRAD COURT

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement
Indirect Prog Exp:Caging/Escrow

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		25		2013

Amount of Each Disbursement this Period

199.20

Transaction ID : SB17.28484

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9869.93

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DIRECT MAIL PROCESSORS, INC.

Mailing Address 1150 CONRAD COURT

City	State	Zip Code
HAGERSTOWN	MD	21740

Purpose of Disbursement
Indirect Prog Exp:Caging/Escrow

Candidate Name

Office Sought:	House	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 28 / 2013

Amount of Each Disbursement this Period

635.15

Transaction ID : SB17.28485

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 Random Hills Road

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement
Indirect Program Exp:Bank Chgs

Candidate Name

Office Sought:	House	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 02 / 2013

Amount of Each Disbursement this Period

17.01

Transaction ID : SB17.28486

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 Random Hills Road

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement
Indirect Program Exp:Bank Chgs

Candidate Name

Office Sought:	House	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 02 / 2013

Amount of Each Disbursement this Period

90.69

Transaction ID : SB17.28487

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

742.85

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 Random Hills Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		08		2013

City	State	Zip Code
Fairfax	VA	22030

Amount of Each Disbursement this Period

32.50

Purpose of Disbursement
Indirect Program Exp:Bank ChgsCategory/
Type**Transaction ID : SB17.28488**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 Random Hills Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		09		2013

City	State	Zip Code
Fairfax	VA	22030

Amount of Each Disbursement this Period

53.00

Purpose of Disbursement
Indirect Program Exp:Bank ChgsCategory/
Type**Transaction ID : SB17.28489**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 Random Hills Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		14		2013

City	State	Zip Code
Fairfax	VA	22030

Amount of Each Disbursement this Period

20.00

Purpose of Disbursement
Indirect Program Exp:Bank ChgsCategory/
Type**Transaction ID : SB17.28490**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

105.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 Random Hills Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2013

City	State	Zip Code
Fairfax	VA	22030

Amount of Each Disbursement this Period

5.23

Purpose of Disbursement
Indirect Program Exp:Bank ChgsCategory/
Type

Transaction ID : SB17.28491

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 Random Hills Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		01		2013

City	State	Zip Code
Fairfax	VA	22030

Amount of Each Disbursement this Period

36.53

Purpose of Disbursement
Indirect Program Exp:Bank ChgsCategory/
Type

Transaction ID : SB17.28492

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 Random Hills Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2013

City	State	Zip Code
Fairfax	VA	22030

Amount of Each Disbursement this Period

76.46

Purpose of Disbursement
Indirect Program Exp:Bank ChgsCategory/
Type

Transaction ID : SB17.28493

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

118.22

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 Random Hills Road

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement
Indirect Program Exp:Bank Chgs

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 06 / 2013

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.28497

B. JOE KAUFMAN

Mailing Address 2645 EXECUTIVE PARK DRIVE # 512

City	State	Zip Code
WESTON	FL	33331

Purpose of Disbursement
Refund to Candidate

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: FL District: 23

Date of Disbursement

M M / D D / Y Y Y Y
01 / 04 / 2013

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.28479

C. LAKESIDE EXECUTIVE SUITESMailing Address 2645 Executive Park Drive
STE 594

City	State	Zip Code
Weston	FL	33331

Purpose of Disbursement
Office Rent

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 08 / 2013

Amount of Each Disbursement this Period

96.46

Transaction ID : SB17.28468

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2121.46

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SIMPKINS ESCROW LLC

Mailing Address 29243 St Just Dr

City	State	Zip Code
UNIONVILLE	VA	22567

Purpose of Disbursement
Indirect Prog Exp:Caging/Escrow

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		04		2013

Amount of Each Disbursement this Period

93.00

Transaction ID : SB17.28498

B. SIMPKINS ESCROW LLC

Mailing Address 29243 St Just Dr

City	State	Zip Code
UNIONVILLE	VA	22567

Purpose of Disbursement
Indirect Prog Exp:Caging/Escrow

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		25		2013

Amount of Each Disbursement this Period

60.95

Transaction ID : SB17.28499

C. SIMPKINS ESCROW LLC

Mailing Address 29243 St Just Dr

City	State	Zip Code
UNIONVILLE	VA	22567

Purpose of Disbursement
Indirect Prog Exp:Caging/Escrow

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2013

Amount of Each Disbursement this Period

98.00

Transaction ID : SB17.28500

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

251.95

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 25

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOE KAUFMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SIMPKINS ESCROW LLC

Mailing Address 29243 St Just Dr

City	State	Zip Code
UNIONVILLE	VA	22567

Purpose of Disbursement
Indirect Prog Exp:Caging/Escrow

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2013

Amount of Each Disbursement this Period

87.06

Transaction ID : SB17.28501

B.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

87.06

13415.53

SCHEDULE C (FEC Form 3)
LOANS

PAGE 16 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5512

JOE KAUFMAN FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2012

JOE KAUFMAN☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE
STE 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

3248.21

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3248.21

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 01 / 2011

Date Due

M M / D D / Y Y Y Y

Upon Demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3248.21

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 17 OF 25

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9126

JOE KAUFMAN FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2012

JOE KAUFMAN☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE
STE 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

5000.00

Cumulative Payment To Date

3800.00

Balance Outstanding at Close of This Period

1200.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 31 / 2011

Date Due

M M / D D / Y Y Y Y
Upon Demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1200.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 18 OF 25

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.20680

JOE KAUFMAN FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2012

JOE KAUFMAN☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 20 / 2012

Date Due

M M / D D / Y Y Y Y
Upon Demand

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 19 OF 25

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.22542

JOE KAUFMAN FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2012

JOE KAUFMAN☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 05 / 2012

Date Due

M M / D D / Y Y Y Y
Upon Demand

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 20 OF 25

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.22543

JOE KAUFMAN FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2012

JOE KAUFMAN☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 13 / 2012

Date Due

M M / D D / Y Y Y Y
Upon Demand

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 21 OF 25

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.22544

JOE KAUFMAN FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2012

JOE KAUFMAN☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 16 / 2012

Date Due

M M / D D / Y Y Y Y
Upon Demand

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 22 OF 25

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.26611

JOE KAUFMAN FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2012

JOE KAUFMAN☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

3200.00

Cumulative Payment To Date

823.50

Balance Outstanding at Close of This Period

2376.50

TERMS

Date Incurred

M M / D D / Y Y Y Y
08 / 15 / 2012

Date Due

M M / D D / Y Y Y Y
Upon Demand

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2376.50

TOTALS This Period (last page in this line only)..... ►

18324.71

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 23 OF 25

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BASE CONNECT, INC.

Nature of Debt (Purpose):

Direct Mail Creative Fees

Mailing Address 1155 15th St NW
SUITE 410City State Zip Code
Washington DC 20005

Outstanding Balance Beginning This Period

20235.44

Transaction ID : SD10.33907

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20235.44

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CENTURY DATA SYSTEMS CORP

Nature of Debt (Purpose):

Direct Mail Program Postage

Mailing Address 1155 - 15TH STREET, NW

City State Zip Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

6552.89

Transaction ID : SD10.33908

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6552.89

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DIRECT MAIL PROCESSORS, INC.

Nature of Debt (Purpose):

Direct Mail Program Postage

Mailing Address 2976 Penwick Lane

City State Zip Code
Dunkirk MD 20754

Outstanding Balance Beginning This Period

102.55

Transaction ID : SD10.33909

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

102.55

1) **SUBTOTALS** This Period This Page (optional) ▶

26890.88

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 24 OF 25

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

INTEGRAM

Nature of Debt (Purpose):

Direct Mail Program Printing & Mailshop

Mailing Address 22695 Commerce Center Court

City State

Zip Code

Dulles

VA

20166

Outstanding Balance Beginning This Period

10210.45

Transaction ID : SD10.33910

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10210.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LEGACY LISTS, INC. - BROKERAGE

Nature of Debt (Purpose):

Direct Mail List Rental

Mailing Address 1155 - 15TH STREET, NW
SUITE 410

City State

Zip Code

WASHINGTON

DC

20005

Outstanding Balance Beginning This Period

6327.81

Transaction ID : SD10.33911

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6327.81

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LEGACY LISTS, INC. - MANAGEMENT

Nature of Debt (Purpose):

Direct Mail List Management

Mailing Address 1155 15th St NW

City

State

Zip Code

Washington

FL

20005

Outstanding Balance Beginning This Period

6769.75

Transaction ID : SD10.33912

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6769.75

1) **SUBTOTALS** This Period This Page (optional) ▶

23308.01

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 25 OF 25

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

JOE KAUFMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SIMPKINS ESCROW LLC

Nature of Debt (Purpose):

Indirect Prog Exp Caging & Escrow

Mailing Address 29243 St Just Dr

City State

Zip Code

UNIONVILLE

VA

22567

Outstanding Balance Beginning This Period

93.00

Transaction ID : SD10.33913

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

93.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ►

93.00

2) **TOTALS** This Period (last page this line number only) ►

50291.89

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

18324.71

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

68616.60